

	:	COURT OF COMMON PLEAS OF
PLAINTIFF	:	INDIANA COUNTY
	:	PENNSYLVANIA
v.	:	
	:	
	:	No: _____
DEFENDANT		

PETITION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

1. I am the Plaintiff / Defendant (**Circle One**) in the above matter and due to my current financial condition I am unable to pay the costs and fees of prosecuting or defending this action or proceeding.
2. I am unable to obtain funds from anyone, including my family and associates, to pay these costs.
3. I am proceeding pro se in this action because I cannot afford legal services.
4. I represent that the information below relating to my ability to pay the fees and costs is true and correct:

{Note to filer: THIS PETITION MUST BE COMPLETED IN ITS ENTIRETY. If a section does not apply to you, write "N/A" or if the amount is zero write "0".}

(a) Name: _____

Address: _____

Social Security Number: (last 4 number only) _____

Email: _____ Phone Number: _____

(b) Employment:

(i). **If you are presently employed**, complete this section.

Employer: _____

Address: _____

Email: _____ Phone Number: _____

Salary or wages per month: _____

Type of work: _____

(ii). **If you are presently unemployed**, complete this section.

Date of last employment: _____

Salary or wages per month: _____

Type of work: _____

(iii) **If you are presently self-employed**, complete this section, along with section (b) (i) of this petition.

Average net income (annual) of profession and/or business: \$ _____

(c) Other income received within the past twelve months:

(Write the gross amount (i.e. before taxes) per month that you received and the months you received this income).

Business or profession: \$ _____

Self-employment: \$ _____

Interest: \$ _____

Dividends: \$ _____

Pensions and annuities: \$ _____

Social Security Benefits: \$ _____

Spousal or Child Support payments: \$ _____

Disability payments: \$ _____

Unemployment compensation and supplemental benefits: \$ _____

Workers' Compensation: \$ _____

Public Assistance: \$ _____

Other: Food Stamps: \$ _____

Medical Assistance: \$ _____

Total Income within the past twelve months: \$ _____

(d) Other contributions to household support by other adult household members:

(Write the gross amount (i.e. before taxes) per month that you received and the months you received this income).

Names: _____

Are any adult household members employed? ____ Yes ____ No

Salary or wages per month: \$ _____

Type of work: _____

Other contributions to household expenses: \$ _____

(e) Property owned:

Cash: \$ _____

Checking account: \$ _____

Savings account: \$ _____

Certificates of Deposit: \$ _____

Real Estate (including home): _____

Motor Vehicle: Make: _____ Year: _____

Cost: _____ Amount Owed: _____

Stocks and bonds: \$ _____

Other: \$ _____

(f) Debts and Obligations:

Mortgage: \$ _____

Rent: \$ _____

Loans: \$ _____

Other: \$ _____

(In the above lines labeled "Other": Include all of your regular monthly bills, phone, utilities, cable, insurance, etc.)

5. My biological or adopted child(ren) who primarily resides with me include:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

6. Other person(s) in my household who are dependent upon me for financial support include:

Name: _____ Age: _____

Relationship: _____ Why dependent? _____

Name: _____ Age: _____

Relationship: _____ Why dependent? _____

Name: _____ Age: _____

Relationship: _____ Why dependent? _____

7. I understand that I have a continuing obligation to inform the court of improvement in my financial circumstances. Also, I understand that the granting of this petition will only provide relief of the filing fees of this case.

8. I verify that the statements made in this affidavit are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

Date: _____

Signature of Petitioner: _____

Printed Name of Petitioner: _____

PLAINTIFF

v.

DEFENDANT

: COURT OF COMMON PLEAS OF
: INDIANA COUNTY
: PENNSYLVANIA
:
:
:
: No: _____

ORDER OF COURT

AND NOW, this _____ day of _____, 20____, upon presentation and consideration of the attached, verified Petition to Proceed In Forma Pauperis,

IT IS HEREBY ORDERED THAT:

_____ Petitioner's request to proceed In Forma Pauperis is GRANTED.

_____ Petitioner's request to proceed In Forma Pauperis is DENIED.

BY THE COURT:

JUDGE